

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) DX0758K1-RE
<p>I hereby declare that: The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: <u>SCHERING CORPORATION</u> and the title of my position with said assignee is: <u>Vice President</u> The entire title to the patent identified below is vested in said assignee.</p>		
Inventor <u>J. Fernando BAZAN</u>	Citizenship <u>US</u>	
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Inventor	Citizenship	
Residence/Mailing Address		
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.		
Patent Number	Date of Patent Issued	
Title of Invention <u>DNA ENCODING INTERLEUKIN-B30</u>		
<p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:</p> <p><u>DNA ENCODING INTERLEUKIN-B30</u></p> <p>the specification of which</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input checked="" type="checkbox"/> was filed on <u>August 22, 2001</u> as reissue application number <u>09/935,366</u> and was amended <u>March 20, 2002, January 30, 2003, December 2, 2003, and in the</u> <u>Amendment filed concurrently herewith</u> (If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p>		

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[Attach additional sheets, if needed.]

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

I hereby appoint:

☐ Practitioners at Customer Number:

OR

☒ Practitioner(s) named below:

[illegible]

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Correspondence Address: Direct all communications about the application to:

☒ Customer Number

28008

OR

☐ Firm or Individual Name

DNAX Research Institute

Address

City

State

Zip

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of person signing (given name, family name) James B. Nelson

Signature

Date _____

Address of Assignee

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